

SERFF Tracking Number:	CUNA-126786936	State:	Arkansas
Filing Company:	CUNA Mutual Insurance Society	State Tracking Number:	46796
Company Tracking Number:	2010-NOTICE		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Annual Notice Endorsement		
Project Name/Number:	/		

## Filing at a Glance

Company: CUNA Mutual Insurance Society  
Product Name: Annual Notice Endorsement  
TOI: L08 Life - Other

SERFF Tr Num: CUNA-126786936 State: Arkansas  
SERFF Status: Closed-Approved- Closed  
State Tr Num: 46796

Sub-TOI: L08.000 Life - Other  
Filing Type: Form

Co Tr Num: 2010-NOTICE  
State Status: Approved-Closed  
Reviewer(s): Linda Bird  
Disposition Date: 09/17/2010  
Authors: Kari Hamrick, Kathy  
Strauser, Kimberly Steggall  
Date Submitted: 09/15/2010  
Disposition Status: Approved-Closed  
Implementation Date:

Implementation Date Requested: On Approval  
State Filing Description:

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 08/26/2010  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Employer, Association,  
Trust, Other  
Explanation for Other Group Market Type:  
Debtor/Credit Union  
State Status Changed: 09/17/2010  
Created By: Kimberly Steggall  
Corresponding Filing Tracking Number:

Filing Status Changed: 09/17/2010

Deemer Date:  
Submitted By: Kimberly Steggall  
Filing Description:  
This filing encompasses the following TOI and Sub-TOI's:

A08G Group Annuities – Unallocated A08G.002, A08G.003  
A02I Individual Annuities – Deferred Non-Variable A02I.002  
L03G-Group Life – Special L03G.000  
L04G-Group Life – Term L04G.314, L04G.500

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H03G Group Health – Accidental Death & Dismemberment H03G.000  
H11G Group Health – Disability Income H11G.003, H11G.002  
CR02G Group Credit – Disability CR02G.001, CR02G.002, CR02G.003, CR02G.004, CR02G.005, CR02G.006  
CR04G - Group Credit – Life CR04G.001, CR04G.002, CR04G.003, CR04G.005, CR04G.006

The form filed is for your examination and approval. It is a new form, in final print, with the exception of ink, font style, paper stock, and logo. Upon approval by the Department, it will replace previously approved Endorsement form 2007-REDOM, approved on June 15, 2007.

This submission does not contain any unusual or possibly controversial items from normal industry standards.

Form 2010-NOTICE will be used to amend CUNA Mutual Insurance Society policies and will be sent to all existing policyholders upon approval. In addition, please be advised we will incorporate the endorsement language into the text of those currently marketed forms.

Supporting Documentation includes: 1) a list of the affected policy forms, along with the date they were approved by your Department; 2) an Explanation of Variables document; and 3) company officer's certification.

Thank you for your review of this filing.

## Company and Contact

### Filing Contact Information

Kimberly Steggall, Compliance Administrator	kimberly.steggall@cunamutual.com
2000 Heritage Way	319-483-3082 [Phone]
Waverly, IA 50677	319-483-3500 [FAX]

### Filing Company Information

CUNA Mutual Insurance Society	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number:
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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<i>Project Name/Number:</i>	<i>/</i>		
<i>Fee Explanation:</i>	<i>\$50 per endorsement</i>		
<i>Per Company:</i>	<i>No</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$50.00	09/15/2010	39521706

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/17/2010	09/17/2010

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## Disposition

Disposition Date: 09/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Forms Listing		Yes
<b>Supporting Document</b>	Statement of Variables		Yes
<b>Supporting Document</b>	Officer's Certification		Yes
<b>Form</b>	Endorsement		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010-NOTICE	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	2010-NOTICE.pdf

***CUNA Mutual Insurance Society***

Home Office: 2000 Heritage Way  
Waverly, IA 50677  
[1.800.XXX.XXXX]


Administrative Office: 5910 Mineral Point Road  
Madison, WI 53705-4456  
[1.800.XXX.XXXX]

**ENDORSEMENT**

This Endorsement is made part of the policy, contract, or certificate to which it is attached. The effective date of this Endorsement is [DATE].<sup>3</sup>

- Any reference to CUNA Mutual Insurance Society being "of Madison, Wisconsin" is deleted.<sup>4</sup>
- Any reference to CUNA Mutual Insurance Society's "home office" in Madison, Wisconsin is deleted and replaced with "administrative office".<sup>5</sup>
- CUNA Mutual Insurance Society may hold annual meetings of its eligible contract owners and policyholders; and will provide advance notice of such meeting, if any, in accordance with its then-current governing documents and applicable law and regulation. Therefore, any "NOTICE TO POLICYHOLDERS" referencing either an Annual Meeting or Biennial General Election is deleted in its entirety.<sup>6</sup>

CUNA Mutual Insurance Society

  
President

**RESIDENTS OF FLORIDA:** If you have a question, complaint, or need information concerning your policy, call [1.800.XXX.XXXX].<sup>8</sup>



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## Supporting Document Schedules

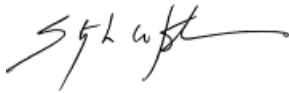
	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR Rule 19 & 49 Cert.pdf FFF109.pdf		
<b>Satisfied - Item:</b> Forms Listing <b>Comments:</b> <b>Attachment:</b> AR ANN MTG Master.pdf		
<b>Satisfied - Item:</b> Statement of Variables <b>Comments:</b> <b>Attachment:</b> Statement of Variables.pdf		
<b>Satisfied - Item:</b> Officer's Certification <b>Comments:</b> <b>Attachment:</b> Officer Certification.pdf		

**Certificate of Compliance with  
Arkansas Rule and Regulation 19 & 49**

Insurer: CUNA Mutual Insurance Society

Form Number(s): 2010-NOTICE

I hereby certify that to the best of my knowledge and belief, the filing above meets all Applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



\_\_\_\_\_  
Signature of Company Officer

Stephen W. Koslow

Name

SVP, Chief Ethics & Compliance Officer

Title

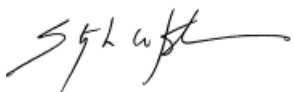
September 13, 2010

Date

## CERTIFICATION

This is to certify that the attached Policy Forms comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act. The Flesch reading ease scores for these form(s) are shown below.

<b>Form Number(s) and Title(s):</b>		<b>Flesch Score:</b>
2010-NOTICE	Endorsement	50



\_\_\_\_\_  
**Signature of Officer of the Company**

August 26, 2010  
**Date**

## Arkansas

### CUNA Mutual Insurance Society - Life Forms

Form Number	Form Name	LOB	Filing Subtype	Approval Date
01F-GIC-0497	Guaranteed Investment Contract	Annuity	Group	6/23/1997
1102-06-046(11/93)	Deposit Administration Contract	Annuity	Group	1/13/1994
C4a-103-1282	Flexible Premium Annuity	Annuity	Individual	3/7/1983
B3d-900-0987AR	Group Mortgage Insurance Certificate	Life	Group	11/6/1989
GL-CM-0103	Group Life - Certificate	Life	Group	7/2/2003
GL-CM-POL-0103	Group Life - Policy	Life	Group	7/2/2003
07-01-10-00-0184, et al	Group Life Insurance	Life	Group	2/7/1984
GL-CM-POL-0103 TG 0208	Group Term Life Insurance Policy	Life	Group	5/2/2008
LLP-POLICY-0306(AR)	Large Loan Protection Group Insurance Policy	Life	Group	2/28/2007
LLP-CERT-0306(AR)	Large Loan Protection Group Insurance Certificate	Life	Group	2/28/2007

### CUNA Mutual Insurance Society - Credit Forms

B3a-800-0786 MP	Monthly Premium Group Credit Insurance Policy	Credit	Group	8/28/1986
B3a-800-0786 SP	Single Premium Group Credit Insurance Policy	Credit	Group	8/28/1986

### CUNA Mutual Insurance Society - Health Forms

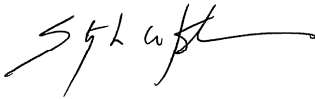
E10a-014-2001	2001 Group AD&D Policy	Health	Group	9/11/2001
E16a-930-0388	Group AD&D - Policy	Health	Group	6/24/1988
E16c-931-0388	Group AD&D - Certificate	Health	Group	6/24/1988
E17a-1043-0389	Voluntary AD&D - Policy	Health	Group	9/12/1989
E17c-1056-0389	Voluntary AD&D - Certificate	Health	Group	9/12/1989
GLTD-CM-0700	Long Term Disability - Certificate	Health	Group	10/20/2000
GLTD-CM-POL-0700	Long Term Disability - Policy	Health	Group	10/20/2000
GSTD-CM-POL-0707	Short Term Disability - Policy	Health	Group	7/31/2007

**STATEMENT OF VARIABLES**  
**2010-NOTICE**  
**CUNA Mutual Insurance Society**

<b>REFERENCE NUMBER</b>	<b>EXPLANATION</b>
1	The home office street address, city, state, and telephone number has been bracketed to allow for future changes.
2	The administrative office information has been bracketed to allow for future changes. For products that are administered at our home office, the administrative office information will be removed in its entirety.
3	Either a date will print OR the phrase "your _____ Effective Date" (with the appropriate term - Policy, Contract or Certificate – completing the blank, as appropriate.)
4	The first bulleted item may be removed in its entirety if it is not applicable to the policy, contract or certificate to which it is attached.
5	The second bulleted item may be removed in its entirety if it is not applicable to the policy, contract or certificate to which it is attached.
6	The 3rd bulleted item may be removed in its entirety if it is not applicable to the policy, contract or certificate to which it is attached.
7	The President's signature has been bracketed to allow for future changes.
8	Florida disclosure will print only for residents of Florida, with the appropriate phone number. If a state other than Florida also requires a disclosure specific to residents of their state, the appropriate disclosure will print in place of the Florida disclosure.

**CUNA Mutual Insurance Society  
Certification Statement**

I hereby certify that the only changes that will be made to currently marketed forms are those described in Endorsement Form 2010-NOTICE.

A handwritten signature in black ink, appearing to read 'S. W. Koslow', written over a horizontal line.

Stephen W. Koslow  
SVP, Chief Ethics & Compliance Officer